								1	Application or Docket Number				
	PATENT	RD		K0471140.2									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E		OR	OTHER SMALL	THAN	
TO	TAL CLAIMS		,		-		. [RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS) minus 20=		· 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			f minus 3 =		• 0		Ì	X43=		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	·	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	 	OR	TOTAL	770	
CLAIMS AS AMENDED - PART II											OTHER		
_	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 45	Minus	** 2	0	= 15		X\$ 9=		OR	X\$18=	750	
	Independent	· b	Minus	*** 2		= 3		X43=		OR	X86=	100	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ī	+145= ·		OR	+290=		
								TOTAL DDIT. FEE			TOTAL	nain	
(Column 1) (Column 2) (Column 3)										lon.	ADDIT. FEE	PITT	
		(Column 1) CLAIMS	1	HIGH		(Column 3)	Г		ADDI-	1		ADDI	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ·	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***	-		X43=		OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	,	OR	+290=		
·								TOTAL DDIT. FEE			TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)										ADDII. FELL		
		CLAIMS		HIGH	EST				ADDI-	1		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total ·	•	Minus	**		=		X\$ 9= .		OR	X\$18=		
	Independent	*	Minus	Order		=	-	X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
+145= OR +290= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR													
•	The "Highest Num	ber Previously Pai	d For (Total or	Independe	ent) is the	highest number	r foun	id in the app	propriate box	in col	umn 1.		

FORM PTO-875 (Rev. 10/03)

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